

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANIMAL CARE

(Program of Veterinary Care for Research Facilities or Exhibitors/Dealers)

FORM APPROVED OMB NO. 0579-0036

OFFICE USE ONLY

DATE RECEIVED

SECTION I. A PROGRAM OF VETERINARY CARE (PVC) HAS BEEN ESTABLISHED BETWEEN:

A. LICENSEE/REGISTRANT		B. VETERINARIAN
1. NAME		1. NAME
2. BUSINESS NAME		2. CLINIC
3. USDA LICENSE/REGISTRATION NUMBER		3. STATE LICENSE NUMBER
4. MAILING ADDRESS		4. BUSINESS ADDRESS
5. CITY, STATE AND ZIP CODE		5. CITY, STATE AND ZIP CODE
6. TELEPHONE NO. (Home)	TELEPHONE NO. (Business)	6. TELEPHONE NO. (Business)

This is a form that may be used for the Program of Veterinary Care. Also, this form may be used as a guideline for the written Program of Veterinary Care as required.

The attending veterinarian shall establish, maintain and supervise programs of disease control and prevention, pest and parasite control, pre-procedural and post-procedural care, nutrition, euthanasia and adequate veterinary care for all animals on the premises of the licensee/registrant. A written program of adequate veterinary care between the licensee/registrant and the doctor of veterinary medicine shall be established and reviewed on an annual basis. By law, such programs must include regularly scheduled visits to the premises by the veterinarian. Scheduled visits are required to monitor animal health and husbandry.

Pages or blocks which do not apply to the facility should be marked N/A. If space provided is not adequate for a specific topic, additional sheets may be added. Please indicate Section and Item Number.

I have read and completed this Program of Veterinary Care, and understand my responsibilities.

Regularly scheduled visits by the veterinarian will occur at the following frequency: _____ (minimum annual).

C. SIGNATURE OF LICENSEE/REGISTRANT

DATE

D. SIGNATURE OF VETERINARIAN

DATE

CHECK IF N/A ☐

SECTION II. DOGS AND CATS

A. VACCINATIONS - SPECIFY THE FREQUENCY OF VACCINATION FOR THE FOLLOWING DISEASES

CANINE			FELINE		
	JUVENILE	ADULT		JUVENILE	ADULT
PARVOVIRUS			PANLEUK		
DISTEMPER			RESP. VIRUSES		
HEPATITIS			RABIES		
LEPTOSPIROSIS			OTHER (Specify)		
RABIES					
BORDETELLA					
OTHER (Specify)					

B. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING:

1. ECTOPARASITES (Fleas, Ticks, Mites, Lice, Flies)

2. BLOOD PARASITES (Heartworm, Babesia, Ehrlichia, Other)

3. INTESTINAL PARASITES (Fecals, Deworming)

C. EMERGENCY CARE - DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND AND HOLIDAY CARE

D. EUTHANASIA

1. SICK, DISEASED, INJURED OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:

☐ VETERINARIAN☐ LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA

E. ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE

☐ Congenital Conditions☐ Quarantine Conditions☐ Nutrition☐ Anthelmintic alternation☐ Other (Specify) _____☐ Exercise Plan (Dogs)☐ Proper Handling of Biologics☐ Venereal Diseases☐ Pest Control and Product Safety☐ Proper Use of Analgesics and Sedatives

CHECK IF N/A ☐

SECTION III. WILD AND EXOTIC ANIMALS

A. VACCINATIONS - LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF VACCINATIONS (Enter N/A if not applicable)

CARNIVORES

HOOFED STOCK

PRIMATES

ELEPHANTS

MARINE MAMMALS

OTHER (Specify)

B. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

1. ECTOPARASITES (Fleas, Ticks, Mites, Lice, Flies)

2. BLOOD PARASITES

3. INTESTINAL PARASITES

C. EMERGENCY CARE

1. DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND AND HOLIDAY CARE

2. DESCRIBE CAPTURE AND RESTRAINT METHOD(S)

D. EUTHANASIA

1. SICK, DISEASED, INJURED OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:

☐ VETERINARIAN

☐ LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA

E. ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE

☐ Pest Control and Product Safety

☐ Quarantine Procedures

☐ Zoonoses

☐ Other (Specify)

☐ Environment Enhancement (Primates)

☐ Water Quality (Marine Mammals)

☐ Species-specific Behaviors

☐ Proper Storage and Handling of Drugs and Biologics

☐ Proper Use of Analgesics and Sedatives

F. LIST THE SPECIES SUBJECTED TO TB TESTING, AND THE FREQUENCY OF SUCH TESTS

CHECK IF N/A ☐

SECTION IV. OTHER WARMBLOODED ANIMALS

A. INDICATE SPECIES

B. VACCINATIONS - LIST THE DISEASES FOR WHICH VACCINATIONS ARE PERFORMED AND THE FREQUENCY OF VACCINATIONS

(Enter N/A if not applicable)

C. PARASITE CONTROL PROGRAM - DESCRIBE THE FREQUENCY OF SAMPLING OR TREATMENT FOR THE FOLLOWING

1. ECTOPARASITES (Fleas, Ticks, Mites, Lice, Flies)

2. INTERNAL PARASITES (Helminths, Coccidia, Other)

D. EMERGENCY CARE - DESCRIBE PROVISIONS FOR EMERGENCY, WEEKEND AND HOLIDAY CARE

E. EUTHANASIA

1. SICK, DISEASED, INJURED OR LAME ANIMALS SHALL BE PROVIDED WITH VETERINARY CARE OR EUTHANIZED. EUTHANASIA WILL BE IN ACCORDANCE WITH THE AVMA RECOMMENDATIONS AND WILL BE CARRIED OUT BY THE FOLLOWING:

☐ VETERINARIAN

☐ LICENSEE/REGISTRANT

2. METHOD(S) OF EUTHANASIA

F. ADDITIONAL PROGRAM TOPICS - THE FOLLOWING TOPICS HAVE BEEN DISCUSSED IN THE FORMULATION OF THE PROGRAM OF VETERINARY CARE

☐ Pasteurellosis

☐ Pododermatitis

☐ Cannibalism

☐ Wet Tail

☐ Other (Specify) _____

☐ Species Separation

☐ Malocclusion/Overgrown Incisors

☐ Pest Control and Product Safety

☐ Handling